California Health and Human Services Agency (CHHS)
California Department of Public Health (CDPH)

COMMUNITY VACCINE ADVISORY COMMITTEE

MEETING #14 – May 12, 2021 – 3:00pm – 5:00pm
MEETING SUMMARY

Committee Members Attending
Rafi Nazarians, AARP; **Susan de Marois,** Alzheimer's Association; **Vivian Reyes**, American College of Emergency Physicians; **Alia Griffing,** American Federation of State, County and Municipal Employees (AFSCME); **Dr. Chang Rim Na,** Asian and Pacific Islander American Health Forum (APIAHF); **Dr. Ron Williams**, Association of California School Administrators (ACSA): **Jeff Luther, MD,** California Academy of Family Physicians (CAFP); **Michael Dark,** California Advocates for Nursing Home Reform (CANHR); **Moises Barron**, California Alliance of Child and Family Services; **Lisa Mancini,** California Association of Area Agencies on Aging (C4A); **Carolyn Pumares,** California Area Indian Health Service; **Heather Harrison,** California Assisted Living Association (CALA); **Dean Chalios,** California Association for Health Services at Home (CAHSAH); **Charles Bacchi,** California Association of Health Plans (CAHP); **Michael Wasserman, MD,** California Association of Long-Term Care Medicine (CALTCM); **Vicky Reilly,** California Association of Rural Health Clinics (CARHC); **Chuck Helget,** California Association of Veteran Service Agencies; **Veronica Kelley,** California Behavioral Health Directors Association (CBHDA); **Rhonda M. Smith,** California Black Health Network; **Preston Young,** California Chamber of Commerce; **Eric Sergienko, MD,** California Conference of Local Health Officers (CCLHO); **Virginia Hedrick,** California Consortium for Urban Indian Health, Inc. (CCUIH); **Mary McCune,** California Dental Association (CDA); **Ron Fong,** California Grocers Association; **Jackie Garman,** California Hospital Association (CHA); **Orville Thomas,** California Immigrant Policy Center (CIPC);**Catherine Flores-Martin,** California Immunization Coalition; **Mitch Steiger,** California Labor Federation; **Amanda McAllister-Wallner,** California LGBTQ Health and Human Services Network; **Lance Hastings,** California Manufacturers & Technology Association (CMTA); **Hendry Ton,** California Medical Association (CMA); **Rocelyn de Leon-Minch**, California Nurses Association (CNA**); Kiran Savage-Sangwan,** California Pan-Ethnic Health Network (CPEHN); **Andie Martinez Patterson,** California Primary Care Association (CPCA); **Thomas J. Kim, MD,** California Rural Indian Health Board**; Jose R. Padilla,** California Rural Legal Assistance, Inc. (CRLA); **Debra Schade,** California School Boards Association (CSBA); **Esther Bejarano,** Comite Civico del Valle; **Kim Saruwatari,** County Health Executives Association of California (CHEAC); **Andy Imparato,** Disability Rights California; **Silvia Yee,** Disability Rights Education and Defense Fund (DREDF); **Kristin Weivoda,** Emergency Medical Services Administrators of California (EMSAC); **Melissa Stafford-Jones,** First

Five Association; **Anthony Wright,** Health Access; **Lisa Hershey,** Housing California; **Naindeep Singh**, Jakara Movement; **Denny Chan,** Justice in Aging; **Jeffrey Reynoso**, Latino Coalition for a Healthy California; **Linnea Koopman,** Local Health Plans of California (LHPC); **Genevieve Flores-Haro,** Mixteco Indigena Community Organizing Project (MICOP); **Jodi Hicks,** Planned Parenthood Affiliates of California (PPAC); **Tia Orr,** Service Employees International Union (SEIU) California State Council; **G Perdigones,** Service Employees International Union Local 1000 (SEIU 1000) (Unit 17-Nurses); **Aaron Carruthers,** State Council on Developmental Disabilities; **Brian Mimura,** The California Endowment; **Gabriella Barbosa,** The Children's Partnership; **Diana Tellefson-Torres,** UFW Foundation; **Matthew Maldonado,** United Domestic Workers (UDW/AFSCME); **Maria Lemus,** Vision y Compromiso; **Crystal Crawford,** Western Center on Law and Poverty; **Amber Baur,** Western States Council: United Food and Commercial Workers (UFCW) California

Committee Members Absent

Andrew Nguyen, Asian Americans Advancing Justice – Los Angeles; **Joe Diaz,** California Association of Health Facilities (CAHF); **David Lown, MD,** California Association of Public Hospitals and Health Systems (CAPH); **Christina N. Mills,** California Foundation for Independent Living Centers (CFILC); **Leza Coleman,** California Long-Term Care Ombudsman Association (CLTCOA); **Susan Bonilla,** California Pharmacists Association (CPHA); **Pamela Kahn,** California School Nurses Organization (CSNO); **Loriann DeMartini,** California Society of Health-System Pharmacists (CSHP); **Carol Green,** California State Parent Teachers Association (CAPTA); **Lisa Constancio,** California Superintendent of Public Instruction; L**aura Kurre,** California Teachers Association (CTA); **Shannon Lahey,** Catholic Charities California; **Liugalua (Liu) Maffi,** Faith in the Valley; **Pastor J. Edgar Boyd,** First African Methodist Episcopal Church

California State Representatives Attending

Nadine Burke Harris, MD, MPH, California Surgeon General**; Erica Pan, MD, MPH**, State Epidemiologist; **Secretary Yolanda Richardson**, Government Operations Agency; **Emily Estus,** CDPH; **Emilio Vaca,** CDSS; **Martha Dominguez**, CDPH; **Maricela Rodriguez**, Office of the Governor

Public Attending

There were 5 members of the public attending by phone and 137 views of the meeting by YouTube livestream.

Committee Co-Chairs

Erica Pan, MD, MPH, State Epidemiologist, California Department of Public Health
Nadine Burke Harris, MD, MPH, California Surgeon General

Consultant

Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Welcome, Purpose of Today's Meeting and Meeting Logistics

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, State Epidemiologist, Co-Chair
Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Dr. Burke Harris welcomed and thanked the committee. She reflected on all the work the CVAC has accomplished over the past six months including the fact that California has administered more than 33 million doses of vaccine!

Bobbie Wunsch reviewed the meeting ground rules.

Review Public Comments since April 12, 2021 Meeting #13

Bobbie Wunsch, Founder and Partner, Pacific Health Consulting Group

Bobbie Wunsch reviewed comments received between April 13 and May 10, 2021. There were 7 pages of public comment with links to additional pages of comment, representing 26 individual and organizational submissions of public comment. A summary of these:

- The National Black Church Initiative has organized hundreds of volunteers and offered volunteers to help staff vaccination clinics
- An individual with disabilities and her chiropractor wrote that they cannot get the vaccine due to mobility and accessibility issues
- 5 individuals wrote to urge the California Department of Corrections and Rehabilitation to reduce incarceration in state prisons and prioritize vaccinations for staff and inmates
- 1 person wrote with a concern about the drastic drop in school-age vaccinations during the pandemic
- 8 Ventura County stakeholders wrote about their concern that farmworkers there are not getting vaccinated due to limited vaccine supply and asking how the county could be allocated more vaccine
- 1 person wrote that there seemed to be no equity benchmark in the Governor's vaccination plan
- 1 person wrote about their confusion about being given their second Pfizer vaccine 4 weeks and not 21 days after their first
- 1 person wrote to oppose vaccination passports

Opening Comments from Co-Chairs

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, State Epidemiologist, California Department of Public Health, Co-Chair

Dr. Burke Harris grounded the meeting in the values of the CVAC: safety, equity and transparency and thanked the committee for profoundly impacting California's approach to its vaccination strategy. Now that vaccine is widely available to all Californians, Dr. Burke Harris announced that June 23, 2021 will be the last meeting of the CVAC. Urgent issues that emerge will be addressed through other venues. Dr. Burke Harris previewed the agenda for the meeting, including information on: the Johnson & Johnson (J&J) vaccine resumption; FDA Emergency Use Authorization of the Pfizer vaccine for children 12-15; and an update on the equity goals including reports by race/ethnicity and age. In addition, the agenda includes a conversation about vaccinations for individuals who are unhoused or living in public housing, Single Room Occupancies (SROs) or supportive housing and an update on community outreach and engagement.

Dr. Pan echoed Dr. Burke Harris' thanks and gratitude to the committee, giving credit to the group for learning, sharing, and improved relationships and collaborations that she believes will continue well beyond the pandemic. Dr. Pan recognized May 2021 as Asian American and Pacific Islander (AAPI) American Heritage Month, especially important during this time of Asian American hate crime. In solidarity with other groups that are experiencing similar harassment, violence and hate crimes, she stated that she hopes all can publicly denounce racism and xenophobia and build inclusive and equitable communities together. Dr. Pan shared that the federal government has announced a new partnership with Lyft and Uber for vaccine transportation and the partnership should be activated soon. Dr. Pan noted that those that lose their CDC vaccine verification card can request a printout from CDPH. This is continuing to improve with more languages being added and will be discussed in the June meeting.

Update on Vaccine Supply, Johnson & Johnson Vaccine Resumption, Access for Children 12 – 15 to Vaccines and Potential for Boosters

Erica Pan, MD, MPH, State Epidemiologist, Co-Chair

Dr. Pan reported that California has some of the best trends in the nation right now on cases and hospitalizations, as well as vaccine coverage. She also acknowledged the need to close the gaps with partners and other resources. Everyone working together and using all available tools is making a difference, although there are outbreaks, and heartbreaking international surges. There is a shifting transition now as supply is plentiful and demand has started to plateau. This means that strategies need to shift from a smaller number of high-volume centralized sites to bringing vaccine *to* people using trusted messengers and vaccinators.

Dr. Pan shared the latest case rate: 3.6 new cases per 100,000 per day – one of the lowest in the nation. Deaths continue to decrease, with the overall average similar to a bad flu season. Test positivity is wavering around 1% and also among the lowest in the nation. Cases, deaths, hospitalizations and ICU admissions are all at the lowest rates since the summer surge. The statewide hospital forecast also continues to decline. The seroprevalence data for the past 4 weeks indicates that 67% of people in the state have antibodies to COVID-19 through a combination of vaccination and prior infection. Dr. Pan noted that rural regions have lower rates of seroprevalence at 49% and higher rates at the southern border of 76%. People who live in Healthy Places Index (HPI) Quartile 1 (the least healthy community conditions) have higher rates (>50%) of seroprevalence, reflecting disproportionate infection rates.

With respect to variants, the state is now sequencing about 13% of specimens and as of April 30, the trend is toward a decrease in the dominant Western Coast/California variant and a major increase in the UK B.1.1.7 variant, which now represents almost half of isolates. The P.1 Brazilian variant is starting to increase in California but still less than 10% and the Indian variant is very low. As of May 12, almost 20 million people (62% of those 16 and older) have had at least one vaccine dose and 46% of people 16 and older are fully vaccinated. Daily vaccine administration has slowed slightly with a steady pace of 250,000 vaccines per day.

Periodically the state matches the entire immunization registry to reported cases (people testing positive). Between January 1 and May 5, there have been 3,620 post-vaccination cases which is 0.027% - an extremely low rate. Most are being detected through surveillance and have no or very mild symptoms. Of the 3,620 cases, about 4% have been hospitalized and 1% died, although COVID may not have been the cause of death. This is similar to what the Center for Disease Control and Prevention (CDC) is reporting. California is receiving about 2 million doses per week and is able to meet the current demand with this supply.

Dr. Pan shared that on April 23, the FDA lifted its pause on use of the Johnson & Johnson vaccine. The CDC Advisory Committee on Immunization Practices (ACIP) and the Western States Scientific Safety Review Workgroup each met to review safety data. All agreed that the vaccine's benefits far outweigh the risks, is safe and effective, and recommended resuming use of the vaccine for all eligible Californians. The focus now will be on improving educational materials and informed consent, especially for women under age 50 and at-risk groups.

The breaking news is that the FDA approved the amendment to Pfizer's Emergency Use Authorization to expand use of the vaccine to 12 and older. The data from Phase 3 trials documented strong efficacy and vaccine tolerance. ACIP met and voted to recommend use of Pfizer in 12-15 year-olds. The state has been planning for this moment, partnering with the California Medical Association, American Academy of Pediatrics, California Association of Family Practitioners and Blue Shield of California as the TPA to expand availability of vaccine to more youth-serving clinics and to streamline enrollment and continue tracking vaccines. This may

signal a shift away from mass vaccination clinics to a focus on bringing people into trusted providers to get their questions answered and get caught up on other vaccines. This will allow teens to get back into normal social and other activities. There are communications planned to empower youth to advocate for vaccinations for their families, and CDPH is creating minor consent guidance with a consent form that allows provider discretion for written, phone or video consent. The vaccines offer at least six months of protection, but scientists are exploring whether a booster will be needed as soon as this fall.

In closing, Dr. Pan shared the Vaccine Equity Metric showing the gap in people receiving at least one dose of vaccine between the four HPI quartiles. The gap between Quartile 1 and Quartile 4 started closing when the state began allocating more vaccine to Quartile 1, opened again when supply and eligibility expanded, and is now closing once again as outreach efforts increase.

Questions and Comments from Members

- What's the total population of 12-15 year-olds in California? How many doses of Pfizer are we receiving? Is it realistic for this group to be vaccinated before the fall?
    - CDPH: There are 2.1 million individuals in this age group and we have the supply and capacity to vaccinate double this number in a week (although not all the supply is Pfizer). There may be data and an authorization for 5-11 year-olds as early as September. We aim for all teens to get vaccinated by September.
- Bringing behavioral health and equity in line with 12-15 year-olds, have we thought about a process for foster youth to be vaccinated? Currently this is done via court order. Could there be one united message through the Superior Court?
    - CDPH: Great question. We are working on this but I don't know the operational implementation. This is a high priority and we will follow up.
- Good to hear My Turn will turn on 12-15 year olds availability at 8am tomorrow!
- Outreach and education staff on the ground are hearing that concerns about the J&J vaccine continue to surface. What does the data about J&J vaccine administration since the pause was lifted tell us? How many doses have been administered since the pause was lifted and how does this compare to prior weeks? How can we address these concerns given this vaccine represents a great strategy, especially in rural regions?
    - CDPH: I don't have the data here but anecdotally there was less of a drop than we anticipated. We can get that data to support your messaging, and welcome any suggestions from this group.
- There's been a lot of reporting in the news about people not showing up for their second dose. Is this showing up here in California?
    - CDPH: Yes, this is occurring and we're trying to include this in messaging – emphasizing the importance of the second dose which helps not only with antibody response but also t-cell immunity and protection against variants. We

want to emphasize that a vaccine is more protective than prior infections. This trend is also consistent with what happens in other 2-3 dose vaccine series. We would love feedback on what would be helpful for those working on frontlines.

- Thanks, Dr. Pan, for highlighting the focus on our AAPI communities, and for briefing on California's overall metrics.
- The California Primary Care Association (CPCA) is also actively working on immunizing adolescents through the network of FQHCs across California.
- Are we thinking of getting pop-up clinics in schools or on school grounds?
    - CDPH: We have been piloting vaccination programs at school sites. This is part of our strategy to bring vaccines to where our community is.
- There are kids with disabilities whose parents are still unsure that their kids can tolerate the vaccine and who will not be able to return to in-person school until some level of herd immunity is reached. Is there any sense of what entity will make that decision (e.g., local public health authorities, school districts, individual schools)?
- What are the kinds of equity priorities and concerns that are being raised in terms of outreach to, and vaccination of, kids 12-15? Especially those who are not back in schools?
- The California Alliance's 150 member agencies (CBOs, Foster Family Agencies and Residential Treatment Facilities) could help with the implementation of a process to get foster youth vaccinated once a potential streamlined authorization process is developed.
    - CDPH: Great, thanks!
- In the education space we continue to be concerned with vaccine updates for youth. The EUA is a barrier for parents who do not want their children to be part of an mRNA vaccine that does not have full FDA approval. What is the strategy for addressing this hesitancy?
    - CDPH: Pfizer has already applied for full FDA approval. The other messages I emphasize around this are: 1) We have never vaccinated this many millions (>150M people) in such a short time to gather this much safety and effectiveness data. 2) To my knowledge, there are no other vaccines that have been developed that had safety data in adults then any subsequent concerns or adverse effects that were different in kids, nor any theoretical physiologic reasons there should be concern in kids. (And I am a parent and a pediatric Infectious Disease specialist who is very interested in this topic.)
    - CDPH: Yes, there are lots of efforts via the California Department of Health Care Services (DHCS) directly with schools or school-based health centers to bring vaccine to kids, and hopefully their whole households. And Federally Qualified Health Centers (FQHCs) and pharmacies are other sites for vaccinating teens.
- The partnership with Lyft and Uber is great. Unfortunately, gig ride programs are not widely equipped to transport people with wheelchairs, electric wheelchairs, scooters, or other medical needs. Thankfully, the state has a solution with its transportation contract. Can you

offer highlights of the state's transportation contract for people with disabilities and medical needs?

  - CDPH: Free Transportation to Vaccine Appointments: Individuals who do not have a means of transportation can receive free transportation through www.myturn.ca.gov or by contacting the state's COVID-19 toll-free hotline at (833) 422-4255. Transportation includes automobile transportation for ambulatory patients and non-emergency medical transportation for non-ambulatory patients including wheelchair vans, gurney transportation and other options. Medi-Cal managed care and fee-for-service beneficiaries will be connected with their health plan or service provider to access this service as an existing benefit.

- At the next/last meeting it would be good to have an agenda item is to see how we can use the infrastructures and lessons built in this crisis to go into the future, on both boosters, vaccinations, and other public health interventions.
- I think that it is still not possible to see what proportion of nursing home or assisted living facility staff and residents have been vaccinated, which would be very useful information for consumers and not difficult to compile. Is this in the works? If not, is there a reason why not? I'm talking about facility-level data.
- The Centers for Medicare & Medicaid Services (CMS) is requiring nursing homes to enter their data into the national database by June 13. This should finally address this issue in nursing homes, but not Residential Care Facilities for the Elderly.

Meeting Our Equity Goals

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Secretary Yolanda Richardson, California Government Operations (Gov Ops) Agency
Emily Estus, MPP, MPH, Epidemiologist & Data Analyst, CDPH

Dr. Burke Harris reiterated that a sustained commitment to equity is important, challenging and complex, asking the group for patience as the state pursues its equity goals. The state has a 5-prong strategy to equity including allocation, network, outreach, communication using trusted messengers, and using data to course correct as needed. There was a period when vaccine equity was starting to get better between most and least advantaged communities and then when eligibility opened up, the disparities widened. California is therefore redoubling its efforts to prioritize equity and some of this is starting to pay off. There continues to be much work to do to ensure that all communities are adequately protected from COVID-19 by the vaccine.

Dr. Burke Harris introduced Secretary Yolanda Richardson who has been a force for vaccine equity and has spearheaded a lot of the operational and logistical strategies. Secretary Richardson shared that she has been implementing ideas generated by this committee. She

acknowledged the added pressure created by the state's re-opening June 15. She then shared some of the state's current strategies, including:

- More transparency around data sharing with respect to race, ethnicity, age, and zip code – CDPH and Gov Ops meet twice every day to review this population data
- A new *Get Out The Vaccine* (GOTV) campaign – modeled after other successful campaigns. It includes hundreds of people phone banking and door knocking in key targeted areas, talking to people, addressing concerns, and getting vaccines scheduled
- 2,000 people canvassing and talking to people face to face in targeted communities – which has resulted in 10,000 appointments scheduled (and may result in additional wraparound services being scheduled)
- Partnering with and funding over 480 CBOs that do this work (currently $85 million in funding)
- Providing over $50 million in grants to counties for outreach, education, pop-up clinics in the neighborhoods, mobile strategies, school-based sites, etc.
- Developing equity plans for each local health jurisdiction that include very specific targeted strategies; these are posted on the website, many are innovative, and the state can help support these in a variety of ways
- A statewide at-home vaccination program that can be accessed via My Turn or the COVID-19 hotline
- A statewide free transportation campaign which can wrap around the GOTV campaign
- Getting into schools across the state for vaccine clinics and parent outreach; partnering with pediatricians and family practitioners, a structure that can be built on when younger children become eligible
- The Governor is talking about California "roaring back" and getting back to work; the state will roll out a toolkit for employers to make vaccination easy and convenient for employees, which they have been very supportive of

Dr. Burke Harris then introduced Emily Estus who presented the state's COVID-19 dashboard (https://covid19.ca.gov/vaccination-progress-data/). Ms. Estus shared that the data on the dashboard is refreshed daily, usually in the afternoon. The overview dashboard includes the percentage of people that are partially vaccinated and fully vaccinated, as well as doses administered by county and statewide. Scrolling down the page are other dashboards that focus more on equity. For the other dashboards, users have to click into them to load the interactive data features.

The Vaccinated Status by Group (https://covid19.ca.gov/vaccination-progress-data/#progress-by-group) includes three different cuts of data to examine equity: Vaccine Equity Metric, race/ethnicity, and age. The Vaccine Equity Metric is a combination of HPI scores and CDPH-

imputed scores for some other zip codes. It can be viewed for the whole state or for an individual county/local health jurisdiction. All the data can be sorted into quartiles to see the percent of residents that are fully vaccinated, partially vaccinated or not yet vaccinated. This view show us that a disparity in vaccination rates by HPI quartile remains. Another chart shows cumulative vaccination rates over time. As of May 11, 36.4% of people 16 and older in Quartile 1 were fully vaccinated individuals compared to 58.4% in Quartile 4. She showed the data by race and ethnicity – also available by state or county.

Scrolling down there is a Vaccinations by Zip Code map which visually depicts the share of the population vaccinated overall and within HPI quartiles. This map is updated weekly. Another dashboard shows vaccinations by doses administered rather than individuals: 21% of doses administered have gone to Quartile 1 and 30% to Quartile 4. Emily re-shared the dashboard Dr. Pan had showed which demonstrates all the individuals newly vaccinated each week by HPI quartile. Finally, she shared the first data cuts of vaccinations by age and race/ethnicity combined for California, including partial vaccinations by race/ethnic groups within age bands.

Questions and Comments from Members

- For the American Indian/Alaska Native data presented based on vaccine allocated by CDC, the state as well as that from Indian Health Services?
    - CDPH: Part of this data comes from the California Immunization Registry (CAIR) and part from the Indian Health Services. The federal government now reports doses administered by federal agencies by zip code so this information is included.
- Among older adults 60+ there are dramatic differences by race/ethnicity even though these people have been eligible since January. Some groups are over 80% while others are below 50 or even 40%. How do we fill the gaps specifically for Latino, Black and American Indian/Alaska Native older adults going forward?
    - Secretary Richardson: This is the hard part and we are changing messaging for different backgrounds and populations, and to address rumors that have been impeding older populations from getting vaccinated given historical context. We know the messages need to come from people they understand and can relate to including watching those people get vaccinated. For example, more is happening in churches and we are doubling down on these strategies.
    - CDPH: Our CDPH Trust and Safety team is committed to making sure Californians have accurate and timely information on COVID-19 vaccination. If you hear of any vaccine-related rumors, please contact this team via email at Rumors@cdph.ca.gov.
    - CDPH: If members have suggestions or recommendations for additional strategies to reach older adults of color, please email Bobbie.

- I am so thrilled to hear about the creative implementation of the GOTV model for Get out the Vaccine campaign model!
- So happy to hear there is a statewide plan for in-home vaccinations and hotlines. The Alzheimer's community thanks you!
- I appreciate the partnership with schools to vaccinate however I'm concerned with the large number of children who are not returning to school.
    - Secretary Richardson: I understand. We are deploying strategies targeted at families regardless of school status of the children. Please let me know if there are any specific ideas you have.
- As more get vaccinated, do we have ways of identifying the shrinking folks/areas that are not vaccinated? Is there a way to target messages/efforts, like a GOTV list that gets winnowed after people send in their ballot?
    - Secretary Richardson: We know by zip code the areas we need to target and are using the GOTV and other strategies to reach them.
- Is there a way that the equity data and maps can automatically be seen in the main dashboard so people could see the data and maps immediately when they open the website (versus having them look for the data and maps)? Especially in lieu of the % of deaths in Latino population.
    - CDPH: That is a great idea, thank you! I'll bring it up with the COVID-19 website team.
- Is the state seeing the progress it wants to see for the targeted efforts in the HPI first quartile? It seems to be tracking at the same rate as the other quartiles.
- I appreciate the University of California, Merced fact sheet that had occupation-based data regarding COVID-19 death rates. I hope we can see that type of data for 2021 now that vaccinations have been made available.

Vaccines for Individuals Who Are Unhoused, Living in Public Housing, SROs and Supportive Housing: Best Practices and Lessons Learned

Lisa Hershey, Executive Director, Housing California and CVAC Member
Dr. Margot Kushel, Director, UCSF Center for Vulnerable Populations and Benioff Homelessness and Housing Initiative

Ms. Hershey introduced Dr. Kushel and acknowledged the many hats she wears including her regular clinical practice and research on the causes and consequences of homelessness and housing stability. She sees a home as the #1 prescription for health which has been proven during the COVID pandemic. She works on the ground to personally try what she is testing – meeting the needs of people experiencing homelessness in various ways, testing vaccinations and other approaches. Dr. Kushel presented information about the unhoused population in

California. About 160,000 people are homeless each night in California and 72% of those are unsheltered. There have been large-scale COVID outbreaks in the sheltered population. Black Americans, Native Americans and Pacific Islanders are dramatically overrepresented in people experiencing homelessness. The housing population is aging with about half of single adults age 50 or older, and homeless people prematurely age. They have a higher prevalence of co-morbidities associated with severe COVID consequences, poor access to healthcare, and high prevalence of medical mistrust associated with racism, substance abuse and housing status.

People who are homeless live in a variety of environments, each of which present different challenges for vaccination. Vaccination strategies need to address these differently. Dr. Kushel shared the following principles guiding COVID vaccination campaigns among people experiencing homelessness:

- Barriers to acceptability
    - Medical mistrust due to experiences of racism/stigma
    - Lack of access to accurate data
- Barriers to access
    - Lack of access to health care
    - Transportation barriers
    - Lack of access to phones/internet
    - Competing needs

She strongly discouraged members from confusing lack of access with lack of acceptability. All research is now showing that low rates of vaccinations are more about access than vaccine hesitancy. Dr. Kushel suggests adopting a tailored approach and being trustworthy. A tailored approach means adapting messaging to promote confidence in this community; recognizing competing demands in difficult daily lives; bringing vaccines to where people are; using trusted partners, such as Community Health Outreach Workers (CHOWs), to guide efforts; creating multiple opportunities and offering vaccine repeatedly to drive rates up; offering practical incentives; and providing support for symptomatic reactions to vaccines which are harder for the unhoused. Being trustworthy means: reaching out to communities in advance to discuss vaccination; listening and responding to concerns; hiring and paying CHOWs with lived expertise; being upfront about possible side effects; providing informed consent and choice; and discussing data truthfully.

Dr. Kushel and her team did early research and last summer found that about 50% of older homeless-experienced adults were very or somewhat willing to get a COVID vaccine and that in October 70% of people experiencing homelessness were willing to receive it before one was approved – a higher rate than the general population at that time. Based on interviews in a variety of settings, general motivating factors for getting a vaccine were similar as for other populations: family reunification, civic responsibility and a return to normalcy. Concerns were

also similar: not wanting to be first, wanting to see data, concern that vaccine causes disease, and mistrust of government. (In general people expressed trust for medical providers.)

So far UCSF has mounted vaccination efforts in shelters and shelter-in-place hotels. They use CHOWs and other trusted staff as well as incentives like socks and food. They return repeatedly and don't get discouraged as acceptance climbs with return events. For those living in SROs, unsheltered or permanent supportive housing they are providing transportation to mass vaccination events and doing neighborhood drop-in events as well as roving vaccinations at encampments, street corners and lobbies of SROs. This has been slower but highly effective. Dr. Kushel believes that the key factors are the use of CHOWs, making events as low barrier as possible, and providing incentives.

One additional concern is the technology: they've been using mobile hot spots and tablets to check CAIRS records for vaccine histories. They are also using CHOWs to remind people about their second dose and have been 85% successful in getting people back. They are considering adding the information to the Homeless Management Information System (HMIS) to keep track of who's been vaccinated. They are also trying to think about how to support people post-vaccine – e.g., care kits with Tylenol, cots for resting, etc. In general, Dr. Kushel has found that one-dose regimens are generally preferred by clients even since the Johnson & Johnson vaccine pause.

In summary, Dr. Kushel believes that access is a bigger barrier than acceptability for this population and that we need to tailor messages, bring vaccines to people and create numerous opportunities using paid staff with lived experience, incentives, offer one-dose regimens and plan for side effects. Members can send questions to Dr. Kushel at margot.kushel@ucsf.edu.

Questions and Comments from Members

- We have been using our Homeless Outreach teams to provide vaccines in community as they trust our outreach folks, and have been very appreciative of the opportunity to be vaccinated. Trusted community members are essential!!
- Are mental health peer counselors also being engaged in outreach strategies?
- Outreach has been critical and we have not seen a high level resistance in the homeless veteran population.
- The statistic about 85% people returning for second shots is really encouraging!
- I think the emphasis on building trust is an important lesson to take moving forward for all of our outreach efforts.
- This work helps dispel myths related not only to vaccines, but also about people experiencing homelessness.

- On top of this trust building and outreach and everything else, would love to hear more about the incentives mentioned, as it sounds like there is some debate on financial incentives. There's been polling that some of those who haven't been vaccinated would do so if offered some payment. Ohio just announced a $1 million lottery effort for all those vaccinated. I would love to hear other questions and thoughts about this.
- Let's connect on this issue and opportunity to bring financial incentives into this effort.

Outreach and Community Engagement Update

Emilio Vaca, California Department of Social Services (CDSS)
Naindeep Singh (CVAC Member), Executive Director, Jakara Movement
Cassandra Jennings, President & CEO, Greater Sacramento Urban League
Martha Dominguez, PhD, MPH, Senior Communications Advisor, COVID-19 Vaccine Education Media Campaign, CDPH
Maricela Rodriguez, Director of Civic & Strategic Partnerships, Office of Governor Gavin Newsom
Emilio Vaca presented some information and metrics about what's been happening with state and local outreach efforts. Outreach efforts started on February 15, 2021, with two cohorts: one with the California Labor & Workforce Development Agency doing worker rights education and harm reduction, the other with the Department of Social Services wrapping around additional services such as housing resources, rental assistance and food services. As vaccines became available, partners pivoted to vaccine acceptability while still promoting education and resources.

These efforts were modeled heavily after the Census and other successful projects. The state prioritized interactive activities so contracts with partners focused on phone banking, door-to-door, one-on-one texting, tabling and canvassing. There have been over 1 million phone calls made across California (all prior to the Get Out The Vaccine or GOTV campaign), and over 98,000 door-to-door visits. Partners have facilitated 128,391 vaccine appointments through My Turn or other platforms, and made 328,723 referrals to vaccine events or providers. Some CVAC members are part of this network.

Mr. Vaca introduced community partner Naindeep Singh of Jakara Movement who presented the efforts of the Jakara Labor Rights Initiative. This partnership is an unprecedented project that centers essential workers most affected by the COVID pandemic based on multiple reports on the meat and poultry industry. Most of these workers are from Latinx and Punjabi backgrounds, as well as an increasing number of Hmong populations in some regions. Meat and poultry plant workers are mostly based in the Central Valley. With consolidation in the industry, these plants are very large and the infection rate is high. The project is focused on the Northern San Joaquin Valley in Stanislaus, Merced and Fresno Counties.

Through this project Jakara has been tabling, door-to-door canvassing, conducting snowball phone calls and learning about people working in the large industrial scale employers. When canvassing at worksites they connected workers to vaccines and housing assistance but also provided Personal Protective Equipment (PPE) which employers were making workers purchase. They created What's App groups and went door to door, created brochures, educated people about California Senate Bill 95 which allows them to take up to 80 hours off due to COVID. They found that many employers, especially temp agencies, were not providing this time off and denied its existence. Jakara also held small town hall meetings in apartment complexes and found that elderly immigrant workers are marginalized and vulnerable. They found that employers rarely offered Hmong or Punjabi translators, and that friends and family had been fired when they asked about their labor rights. Naindeep shared credit with his team and his contact information: deep@jakara.org.

Mr. Vaca introduced Cassandra Jennings President & CEO of the Greater Sacramento Urban League. Cassandra shared that coming together with other regional grantees has been really helpful because they can share and support one another in practical ways. The Urban League has conducted a variety of outreach strategies with a focus on Black and African-American populations. They started out to broadly educate and reduce hesitancy using influential and trusted messengers. Communities were late to get the vaccine and now they have issues with convenience and flexibility. They sent mass emails and social media targeted to their community. They are also hosting a series of outreach events called *Immunity in the Community* – including comedy, gospel and jazz. These events focus on real talk, dispelling concerns, trusted messengers, and public health experts who can speak accessibly and follow up to get people to vaccinations, including one they hosted. They are also finding young people have different ideas about the vaccine so are including conversations focused on that age group.

Their goal is to connect education to consistency and accessibility. They held a vaccine clinic with Dignity Health using both Pfizer and J&J vaccines. They allowed drop-ins to maximize flexibility and access, allowing them to vaccinate more people. The Urban League is a Workforce Development organization so they have been very busy during the pandemic, reaching over 4,000 people to train and get them ready for jobs. They are also using the media, specifically the radio station owned by the California Black Chamber of Commerce. They have real talk with the community with trusted messengers which reinforces other messages.

Martha Dominguez then gave a research update on the quantitative formative research that tracks progress with vaccine engagement. They are seeing improvements with engagement based on the public health campaign, and also some areas for improvement. In general:

- Trust in CDPH has increased, and more residents have positive perceptions of the vaccine rollout.

- Vaccine uptake and acceptance have increased, resulting from a decrease in vaccine Undecideds.
- 78% of people recall a tagline or other element of the vaccination campaign; recall is significantly higher among vaccine Supporters and residents who trust CDPH for vaccine advice.

Some challenges they're seeing and anticipating:

- Need to continue engaging African Americans and Latinx English/bilingual communities, which lag substantially in overall acceptance of the vaccine
- Spanish-dominant people are largely unfamiliar with CDPH, hindering effectiveness of the CDPH campaign
- Side effects are more prominent in residents' minds, most likely due to the pause in the J&J vaccine
- Vaccine Rejectors skew Republican and Supporters are largely Democrats
- Rejectors continue to be unconcerned about getting COVID, mistrusting sources other than their personal physicians and friends/family; harbor conspiratorial beliefs; and maintain their right not to be vaccinated
- Undecideds say having to get an appointment (vs. walk-in) is inhibiting vaccinations

CDPH plans to focus its campaign in the following ways:

- Messaging to underscore side effects, safety and effectiveness, science behind the vaccines, and testing/approval of vaccines by FDA
- Getting creative with delivering messages using social media, internet, medical offices, personal physicians, friends and family
- Raise awareness of CDPH and what it does to increase trust and the campaign impact

Ms. Dominguez shared creative ads that have been produced, including one featuring Tomas Aragon, MD, DrPH, CDPH Director and State Public Health Officer, speaking about the vaccine in response to a Latina consumer and "This moment" – both Let's Get to ImmUnity spots. Other videos and testimonials are available on the Vaccinate All 58 website: https://www.VaccinateAll58.com. She encouraged members to follow on social media and re-post campaign messages.

Maricela Rodríguez made a few comments about expanded eligibility for 12-15 year-olds. The state has been working to launch a campaign to educate facilities about the expanded eligibility. It will start with facts-based messaging and include earned media, engaging reporters and the press, especially ethnic media, on how families can make an appointment. Paid media will focus on digital, social media and radio. Digital assets will be shared on the website and

through a toolkit starting May 13. They will share the toolkit with other partners, leveraging the existing network including the education community, education advocates and CBOs, expanding the pool of trusted messengers. They will ramp up and expand paid media in mid-June, and My Turn will be available to start making appointments starting May 13. Maricela asked for member help in spreading the word.

Questions and Comments from Members

- I would love to know if there's a link to the Comedy Immunity in the Community.
- In your outreach, did you hear about barriers that we should be aware of?
- Knowledge of access is still a huge barrier - many shared they don't know where to go to be vaccinated (especially non-English speakers). There seems to be a disconnect in messaging between that provided by CDPH and that which gets to the county or apartment complex-level. Many people have shared they are tired of being told to 'vaccinate, vaccinate, vaccinate' when they feel their questions are not being answered in language.
    - Cassandra Jennings: In reference to where to go, we update a short spreadsheet list daily to distribute to partners and individuals so they will know where to go easily each day.
- Doctors in certain areas are definitely seeing mistrust in the political process influencing people's reluctance to trust the vaccine.
- I hope we can get updated vaccination rates by race/age at our next meeting so we can evaluate whether new targeted strategies are helpful.
- Including a younger wheelchair user is great. It would be great to have a spot featuring Deaf or Hard-of-hearing individuals, perhaps communicating with vaccine providers using clear/see through masks.
- There are continued challenges with the digital divide, public charge's chilling effect driving mistrust in government and health systems, lack of knowledge on vaccine access regardless of insurance or immigration status, what to expect at a vaccine site, and ongoing misinformation. Our Facebook Live "Platica" conversations are a 2-way dialogue via trusted community leaders who are able to answer questions in real time and we've found this helps overcome "hesitancy", building trust, and sharing the CDPH and local resources to vaccine sites.
- Not only do we have to meet people in their community, we have to talk with them (not at them) in a way that answers all of their questions and puts them at ease (hopefully). It doesn't matter how accessible we make vaccine if we aren't answering questions and providing solid information. Accessibility and information are both key components.
- We need to develop counter messaging for statements like the following one I received from a medical professional: "The concern with mRNA vaccines and new gene

technology is regulation of immune system side effects. I read through both Pfizer and Moderna in detail. A few subjects with autoimmune hypothyroidism developed side effects. One developed rheumatoid arthritis and another autonomic dysfunction.....There's not enough data to give guidelines yet."

Closing Comments & Adjourn

Nadine Burke Harris, MD, MPH, California Surgeon General, Co-Chair
Erica Pan, MD, MPH, State Epidemiologist, CDPH, Co-Chair

Dr. Burke Harris acknowledged the meeting was very full with limited time for questions. She asked members to share questions or comments in the Chat or to email Bobbie.

She thanked everyone for making the process rich, the state teams, guest speakers and all CVAC members. There is incredible work happening informed by member advice and expertise.

Next Meeting and Key Topics

- Wednesday, June 23, 2021 from 3:00 – 5:00pm

This will be the last CVAC meeting. Dr. Burke Harris asked members to reflect on the learnings from this process and anything for the state to take away. She asked that members share these by email since there won't be time to hear from everyone at this meeting. Some of these will be shared at the meeting. There will also be updates on equity metrics.

Dr. Pan echoed Dr. Burke Harris' thanks to the speakers and members for an incredible and valuable meeting.